SOUTH DAKOTA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
02 STATEWIDE	98940	44.26	42.05	48.35
	98941	65.11	61.85	71.13
	98942	53.33	50.66	58.26

2027 deductible $292.00

www.noridianmedicare.com Click this link to access your Medicare carrier

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